
NOTICE OF PRIVACY PRACTICES

Please review this notice carefully, as it describes how the Plan and any third party assisting in the administration of claims may use and disclose your medical information, and how you can access this information. This notice also describes the privacy policies of the Plan regarding certain types of personally identifiable information collected by the Plan on this Website. If you have any questions about this notice, please contact the Privacy Officer at your company. Your Health Benefits Plan has been amended to comply with the requirements described in this notice.

The Plan's Pledge Regarding Medical Information. The Plan is committed to protecting your personal medical information. The Plan creates a record of the health care claims reimbursed under the Plan for Plan administration purposes, and this notice applies to all of the medical records the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the use and disclosure of your medical information created in his or her facility. This notice will describe how the Plan may use and disclose medical information about you, as well as the Plan's obligations and your rights regarding this use and disclosure. The Plan is required by law to keep all medical information that identifies you private, give you this notice of the Plan's legal duties and privacy practices regarding your medical information, and follow the terms of the notice currently in effect.

Use and Disclosure of Medical Information. The following categories describe different ways that the Plan uses and discloses medical information. The Plan will explain and present examples for each category but will not list every possible use or disclosure. However, all of the permissible uses and disclosures fall within one of these categories.

- *Treatment.* The Plan may use or disclose your medical information to facilitate medical treatment or services by providers. For example, the Plan may disclose your medical information to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your care.
- *Payment.* The Plan may use and disclose your medical information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may disclose your medical history to your health care provider to determine whether a particular treatment is a qualifying medical expense or to determine whether the Plan will reimburse the treatment. The Plan may also share medical information with another health plan to coordinate benefit payments.
- *Health Care Operations.* The Plan may use and disclose your medical information in order to operate the Plan. For example, the Plan may use medical information in connection with the following: (1) conducting quality assessment and improvement activities; (2) conducting or arranging for legal services, audit services, and fraud and abuse detection programs; and (3) conducting general business management and development tasks.
- *As Required by Law.* The Plan will disclose your medical information when required to do so by federal, state, or local law. For example, the Plan may disclose medical information when required by a court order in a litigation proceeding, such as a malpractice action.
- *To Avert a Serious Threat to Health or Safety.* The Plan may use and disclose your medical information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. The Plan would only disclose this information to someone able to help prevent the threat. For example, the Plan may disclose your medical information in a proceeding regarding the licensure of a physician.

Special Situations. The Plan may also use and disclose your medical information in the following special situations:

- *Health Plan Sponsor.* The Plan may disclose medical information to an employer-sponsored health plan to facilitate claim payments under that plan, and to an employer's personnel department solely for purposes of administering benefits under a plan.
- *Organ and Tissue Donation.* The Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- *Military and Veterans.* If you are a member of the armed forces, the Plan may release your medical information as required by military command authorities. The Plan may also release medical information about foreign military personnel to the appropriate foreign military authority.
- *Workers' Compensation.* The Plan may release medical information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses.
- *Public Health Risks.* The Plan may disclose medical information for public health activities, including the following: (1) prevention or control of disease, injury, or disability; (2) report of births and deaths; (3) report of child abuse or neglect; (4) report of reactions to medications or problems with products; (5) notification of product recalls; (6) notification of disease exposure or risk of disease contraction or proliferation; and (7) notification of patient abuse, neglect, or domestic violence to the appropriate government authority (only if you agree or when required or authorized by law).
- *Health Oversight Activities.* The Plan may disclose medical information to a health oversight agency for activities authorized by law, e.g., audits, investigations, inspections, and licensure, which are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, the Plan may disclose your medical information in response to a court or administrative order or a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the Plan has attempted to inform you of the request or to obtain an order protecting the information requested.
- *Law Enforcement.* The Plan may release medical information if requested by a law enforcement official in the following circumstances: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime in emergency circumstances; and (4) to disclose information about the victim of a crime if (under certain limited circumstances) the Plan is unable to obtain the person's agreement, about a death the Plan believes may be the result of criminal conduct, and about criminal conduct at a hospital.
- *Coroners, Medical Examiners, and Funeral Directors.* The Plan may release medical information to a coroner or medical examiner if necessary (e.g., to identify a deceased person or determine the cause of death), and the Plan may release hospitalized patients' medical information to funeral directors as necessary for them to carry out their duties.
- *National Security and Intelligence Activities.* The Plan may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- *Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your medical information to the institution or official to provide you with health care, to protect the health and safety of you or others, or for the safety and security of the correctional institution.

Rights Regarding Medical Information. You have the following rights regarding your medical information that the Plan maintains, and you must submit requests to exercise these rights in writing to the Privacy Officer:

- *Right to Access.* You may request access to medical information that may be used to make decisions about your Plan benefits, including the right to inspect the information and the right to a copy of the information. The Plan may charge a fee for the costs of copying, mailing, or other supplies associated with your request. The Plan may deny your request in certain very limited circumstances, and you may request that such denial be reviewed.
- *Right to Amend.* If you feel that the Plan's records of your medical information are incorrect or incomplete, you may request an amendment to the information for as long as the information is kept by or for the Plan. Your written request must include a supporting reason; otherwise the Plan may deny your request for an amendment. In addition, the Plan may deny your request to amend information that is not part of the medical information kept by or for the Plan; was not created by the Plan (unless the person or entity that created the information is no longer available to make the amendment); is not part of the information that you would be permitted to inspect and copy; or is accurate and complete.
- *Right to an Accounting of Disclosures.* You may request an accounting of disclosures where such disclosures were made for any purpose other than treatment, payment, or health care operations. Your written request must state a time period for the accounting not longer than six years (starting after April 2004) and indicate your preferred form (e.g., paper or electronic). The Plan will provide for free the first accounting you request within a 12-month period, but the Plan may charge you for the costs of providing additional lists (the Plan will notify you prior to provision and you may cancel your request).
- *Right to Request Restrictions.* You may request a restriction or limitation on your medical information that the Plan uses or discloses for treatment, payment, or health care operations or that the Plan discloses to someone involved in your care or the payment for your care (e.g., a family member or friend). For example, you could ask that the Plan not use or disclose information about a surgery you had. Your written request must describe what information you want to limit; whether you want to limit the Plan's use, disclosure, or both; and to whom you want the limits to apply (e.g., your spouse). The Plan is not required to agree to your request.
- *Right to Request Confidential Communications.* You may request that the Plan communicate with you about medical matters in a certain way or at a certain location (e.g., only by mail or at work), and the Plan will accommodate all reasonable requests. Your written request must specify how or where you wish to be contacted. You do not need to state the reason for your request.
- *Right to a Paper Copy of this Notice.* If you received this notice electronically, you may receive a paper copy at any time by contacting the Privacy Officer.

The Plan's Pledge Regarding Personally Identifiable Information. The Plan is committed to protecting your personally identifiable information (that information that allows a visitor to this Website to be individually identified, such as name, physical address, social security number, etc.). The Plan collects the following personally identifiable information through this Website:

- Full name
- Date of birth
- Complete address
- E-mail address
- Social security number
- Telephone number

Except as already described in this notice, this personally identifiable information may only be shared with the following categories of third-party entities:

- Health care providers, including doctors, nurses, technicians, medical students, and other hospital personnel
- Other health plans, including employer-sponsored health plans, and employers' personnel departments
- Military command authorities or other federal and state officials
- Law enforcement officials
- Coroners, medical examiners, or funeral directors
- Health care clearinghouses
- Networks
- Other third-party administrators and insurers
- Prescription benefit managers
- Utilization review providers
- Attorneys
- Insurance agents
- Debit card vendors

Changes to this Notice. The Plan reserves the right to revise or change this notice, which may be effective for your medical information and personally identifiable information the Plan already possesses as well as any information the Plan receives in the future. Material changes to this privacy policy will be posted on this Website.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan by contacting the Privacy Officer in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information. The Plan will only use and disclose medical information not covered by this notice or the laws that apply to the Plan with your written permission. If you permit the Plan to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your medical information for the reasons covered by your written authorization. However, the Plan is unable to retract any disclosures it has already made with your permission, and the Plan is required to retain its records of the care provided to you.

Effective Date. This Notice of Privacy Practices is effective December 1, 2004.